
OUTCOMES OF SCHOOL-BASED AUDIOLOGY SERVICES

Outcome, or performance, measures are used to determine the impact of services that are delivered. We might also consider these measurements as indicators of the value of those services. Accountability and greater budget scrutiny require that the benefits of our services be clearly articulated based upon quantitative methods. These quantitative methods represent data-based group performance on specific evidenced-based measurable data points as compared to descriptive qualitative methods that are based on observed data sources.

Data from outcome measures have multiple purposes including assessment of progress towards a set of goals. For example, state Early Hearing Loss Detection and Intervention (EHDI) programs report screening, diagnostic, and early intervention data to the Centers for Disease Control (CDC) based on the 1-3-6 goals. Public schools report data to the U.S. Department of Education on student academic performance based on statewide assessments as a required accountability measure under No Child Left Behind (NCLB), now Every Student Succeeds Act (ESEA). In special education, states are required to report data to the U.S. Department of Education, Office of Special Education Programs (OSEP) on 20 indicators for Part B and 14 indicators for Part C as part of each state's State Performance Plan (SPP) and Annual Performance Report (APR) under IDEA.

When targets are met, the performance data may reinforce existing programs and services or policies and procedures. If targets are not met, analysis should be completed to determine reasons for the under-performance. These may include a lack of resources to sufficiently provide the services, poor implementation of services, or inappropriate targets. Just like IEPs, annual assessment and review of goals and benchmarks are needed to keep on target to reach the intended performance. In addition to using outcome measures to evaluate programs and services, these performance measures may also impact individual pay-for performance and other value-added services provided by an educational audiologist as well as the multidisciplinary team that supports students with hearing loss. To summarize, outcomes in educational audiology may serve the following purposes:

- Identify the impact of educational audiology services on student outcomes;
- Provide Special Ed Directors/State Department of Education a framework of what should be included/monitored when providing services to children with auditory deficits in the schools;
- Identify evidence-based practices;
- Recommend tools that if used, allow for comparing data across districts/states;
- Serve as a Gold Standard of supports and services for children with auditory deficits (e.g., essential components of services for children, families, teachers, and other support professionals);
- Provide data and evidence to support a rationale to increase staff to meet students' need (e.g., educational audiologist or TCDHH/TOD, assistive technology support);
- Provide data and evidence to justify caseloads/workloads;
- Accountability/DHH Staff Performance Outcomes – performance evaluations;
- Provide an outcomes-based standard of practice for self-reflection/self-assessment for staff/program development, e.g., where are we currently and where do we need to improve and what supports/tools/levers do we need to put in place to better support student outcomes in children with hearing loss/auditory deficits;
- Align with federal regulations (IDEA, ADA) and Common Core; and
- Help guide content for AuD personnel preparation programs.

Outcomes of School-Based Audiology Services (Birth-21 or school exit)

1. Children/youth access **comprehensive educational audiology services** as part of their developmental and/or education program.

Assessment

2. Children/youth receive diagnostic **audiological evaluations within 30 days** of referral from screening or other source.

3. Children/youth receive the necessary **medical management** required to **habilitate medically treatable** hearing problems.

4. Children/youth receive audiological and auditory skill assessments that are **relevant to the developmental/ educational setting** and that accurately **identify the parameters associated with the auditory deficit**.

5. Children/youth with auditory deficits **communicate effectively** with their peers, teachers, and others in their environment.

Support & Educational Programming

6. **Families are encouraged and supported to fully participate** in their child/youth's education.

7. Teachers and other relevant professionals demonstrate an **understanding of the communication, learning, and social implications** of a child/youth's auditory deficit.

8. Children/youth with auditory deficits receive **instruction that reflects high educational standards that maximize the child's learning potential**.

9. Children/youth with auditory deficits understand and utilize **appropriate services in school and post high school** for education, employment and life.

Access & Technology

10. Children/youth with auditory deficits have the opportunity to access **appropriate and consistently functioning hearing instrumentation**, including personal and assistive devices that **maximize auditory access** within their environment.

11. Children/youth with auditory disorders have **full and equal access** to all components of their educational environment regardless of their communication mode.

Psycho-Social Development

12. Children/youth with auditory deficits are **self-determined**.